

CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS) CONSOLIDATED EMERGENCY RESPONSE / CONTINGENCY PLAN

Prior to completing this Plan, please refer to the INSTRUCTIONS FOR COMPLETING A CONSOLIDATED CONTINGENCY PLAN

A. FACILITY IDENTIFICATION AND OPERATIONS OVERVIEW

FACILITY ID #	3 0 - 0 1 1 - 0 0	CERS ID	10428109	DATE OF PLAN PREPARATION/REVISION	11/19/2014
BUSINESS NAME (Same as Facility Name or DBA - Doing Business As)					
Allied Pacific Metal Stamping Inc.					
BUSINESS SITE ADDRESS					
2951 E. La Palma Ave.					
BUSINESS SITE CITY				ZIP CODE	
Anaheim				CA	92806
TYPE OF BUSINESS (e.g., Painting Contractor)			INCIDENTAL OPERATIONS (e.g., Fleet Maintenance)		
Manufacturing			Metal Stamping		
THIS PLAN COVERS CHEMICAL SPILLS, FIRES, AND EARTHQUAKES INVOLVING: (Check all that apply)					
<input checked="" type="checkbox"/> 1. HAZARDOUS MATERIALS; <input type="checkbox"/> 2. HAZARDOUS WASTES					

B. INTERNAL RESPONSE

INTERNAL FACILITY EMERGENCY RESPONSE WILL OCCUR VIA: (Check all that apply)
<input checked="" type="checkbox"/> 1. CALLING PUBLIC EMERGENCY RESPONDERS (i.e., 9-1-1)
<input checked="" type="checkbox"/> 2. CALLING HAZARDOUS WASTE CONTRACTOR
<input checked="" type="checkbox"/> 3. ACTIVATING IN-HOUSE EMERGENCY RESPONSE TEAM

C. EMERGENCY COMMUNICATIONS, PHONE NUMBERS AND NOTIFICATIONS

Whenever there is an imminent or actual emergency situation such as an explosion, fire, or release, the Emergency Coordinator (or his/her designee when the Emergency Coordinator is on call) shall:

1. Activate internal facility alarms or communications systems, where applicable, to notify all facility personnel.
2. Notify appropriate local authorities (i.e., call 9-1-1).
3. Notify the California Emergency Management Agency at (800) 852-7550.

Before facility operations are resumed in areas of the facility affected by the incident, the emergency coordinator shall notify the California Department of Toxic Substances Control (DTSC), the local Unified Program Agency (UPA), and the local fire department's hazardous materials program that the facility is in compliance with requirements to:

1. Provide for proper storage and disposal of recovered waste, contaminated soil or surface water, or any other material that results from an explosion, fire, or release at the facility; and
2. Ensure that no material that is incompatible with the released material is transferred, stored, or disposed of in areas of the facility affected by the incident until cleanup procedures are completed.

INTERNAL FACILITY EMERGENCY COMMUNICATIONS OR ALARM NOTIFICATION WILL OCCUR VIA: (Check all that apply)
<input checked="" type="checkbox"/> 1. VERBAL WARNINGS; <input checked="" type="checkbox"/> 2. PUBLIC ADDRESS OR INTERCOM SYSTEM; <input type="checkbox"/> 3. TELEPHONE;
<input type="checkbox"/> 4. PAGERS; <input type="checkbox"/> 5. ALARM SYSTEM; <input type="checkbox"/> 6. PORTABLE RADIO

NOTIFICATIONS TO NEIGHBORING FACILITIES THAT MAY BE AFFECTED BY AN OFF-SITE RELEASE WILL OCCUR BY: (Check all that apply)
<input checked="" type="checkbox"/> 1. VERBAL WARNINGS; <input type="checkbox"/> 2. PUBLIC ADDRESS OR INTERCOM SYSTEM; <input checked="" type="checkbox"/> 3. TELEPHONE;
<input type="checkbox"/> 4. PAGERS; <input type="checkbox"/> 5. ALARM SYSTEM; <input type="checkbox"/> 6. PORTABLE RADIO

EMERGENCY RESPONSE PHONE NUMBERS:	AMBULANCE, FIRE, POLICE AND CHP 9-1-1 CALIFORNIA EMERGENCY MANAGEMENT AGENCY (CAL/EMA) (800) 852-7550 NATIONAL RESPONSE CENTER (NRC) (800) 424-8802 POISON CONTROL CENTER (800) 222-1222 LOCAL UNIFIED PROGRAM AGENCY (UPA/CUPA) (714) 765-4040 OTHER (Specify): ()	C3. C4. C5. C6. C7.
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NEAREST MEDICAL FACILITY / HOSPITAL NAME: ANAHEIM GENERAL HOSPITAL (714) 827-6700

AGENCY NOTIFICATION PHONE NUMBERS:	CALIFORNIA DEPT. OF TOXIC SUBSTANCES CONTROL (DTSC) (916) 255-3545 REGIONAL WATER QUALITY CONTROL BOARD (951) 782-4130 U.S. ENVIRONMENTAL PROTECTION AGENCY (US EPA) (800) 300-2193 CALIFORNIA DEPT OF FISH AND GAME (DFG) (916) 358-2900 U.S. COAST GUARD (202) 267-2180 CAL/OSHA (916) 263-2800 STATE FIRE MARSHAL (916) 445-8200 OTHER (Specify): () OTHER (Specify): ()	C8. C9. C10. C11. C12.
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D. EMERGENCY CONTAINMENT AND CLEANUP PROCEDURES

SPILL PREVENTION, CONTAINMENT, AND CLEANUP PROCEDURES: (Check all boxes that apply to indicate your procedures for containing spills, releases, fires or explosions; and, preventing and mitigating associated harm to persons, property, and the environment.)

- ☒ 1. MONITOR FOR LEAKS, RUPTURES, PRESSURE BUILD-UP, ETC.;
- ☐ 2. PROVIDE STRUCTURAL PHYSICAL BARRIERS (e.g., Portable spill containment walls);
- ☒ 3. PROVIDE ABSORBENT PHYSICAL BARRIERS (e.g., Pads, pigs, pillows);
- ☐ 4. COVER OR BLOCK FLOOR AND/ OR STORM DRAINS;
- ☒ 5. BUILT-IN BERM IN WORK / STORAGE AREA;
- ☐ 6. AUTOMATIC FIRE SUPPRESSION SYSTEM;
- ☐ 7. ELIMINATE SOURCES OF IGNITION FOR FLAMMABLE HAZARDS (e.g. Flammable liquids, Propane);
- ☒ 8. STOP PROCESSES AND/OR OPERATIONS;
- ☐ 9. AUTOMATIC / ELECTRONIC EQUIPMENT SHUT-OFF SYSTEM;
- ☒ 10. SHUT-OFF WATER, GAS, ELECTRICAL UTILITIES AS APPROPRIATE;
- ☒ 11. CALL 9-1-1 FOR PUBLIC EMERGENCY RESPONDER ASSISTANCE / MEDICAL AID;
- ☒ 12. NOTIFY AND EVACUATE PERSONS IN ALL THREATENED AREAS;
- ☒ 13. ACCOUNT FOR EVACUATED PERSONS IMMEDIATELY AFTER EVACUATION CALL;
- ☒ 14. PROVIDE PROTECTIVE EQUIPMENT FOR ON-SITE RESPONSE TEAM;
- ☒ 15. REMOVE OR ISOLATE CONTAINERS / AREA AS APPROPRIATE;
- ☒ 16. HIRE LICENSED HAZARDOUS WASTE CONTRACTOR;
- ☒ 17. USE ABSORBENT MATERIAL FOR SPILLS WITH SUBSEQUENT PROPER LABELING, STORAGE, AND HAZARDOUS WASTE DISPOSAL AS APPROPRIATE;
- ☒ 18. SUCTION USING SHOP VACUUM WITH SUBSEQUENT PROPER LABELING, STORAGE, AND HAZARDOUS WASTE DISPOSAL AS APPROPRIATE;
- ☐ 19. WASH / DECONTAMINATE EQUIPMENT W/ CONTAINMENT and DISPOSAL OF EFFLUENT / RINSATE AS HAZARDOUS WASTE;
- ☒ 20. PROVIDE SAFE TEMPORARY STORAGE OF EMERGENCY-GENERATED WASTES;
- ☒ 21. OTHER (Specify): SALVAGE DRUMS

D1

D2.

E. FACILITY EVACUATION

THE FOLLOWING ALARM SIGNAL(S) WILL BE USED TO BEGIN EVACUATION OF THE FACILITY (CHECK ALL THAT APPLY):

E1.

- ☐ 1. BELLS;
- ☐ 2. HORNS/SIRENS;
- ☒ 3. VERBAL (i.e., SHOUTING);
- ☒ 4. OTHER (Specify): INTERCOM OR BUZZER

E2.

THE FOLLOWING LOCATION(S) IS/ARE EVACUEE EMERGENCY ASSEMBLY AREA(S) (i.e., Front parking lot, specific street corner, etc.)

E3

The grassy area in front of the Tower Lobby

Note: The Emergency Coordinator must account for all on site employees and/or site visitors after evacuation.

☒ EVACUATION ROUTE MAP(S) POSTED AS REQUIRED

E4.

Note: The map(s) must show primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas, and must be prominently posted throughout the facility in locations where it will be visible to employees and visitors.

F. ARRANGEMENTS FOR EMERGENCY SERVICES

Explanation of Requirement: Advance arrangements with local fire and police departments, hospitals, and/or emergency services contractors should be made as appropriate for your facility. You may determine that such arrangements are not necessary.

ADVANCE ARRANGEMENTS FOR LOCAL EMERGENCY SERVICES (Check one of the following)

F1

- ☒ 1. HAVE BEEN DETERMINED NOT NECESSARY; or
- ☐ 2. THE FOLLOWING ARRANGEMENTS HAVE BEEN MADE (Specify):

F2.

G. EMERGENCY EQUIPMENT

Check all boxes that apply to list emergency response equipment available at the facility and identify the location(s) where the equipment is kept and the equipment's capability, if applicable. [e.g., ☒ CHEMICAL PROTECTIVE GLOVES | Spill response kit | One time use, Oil & solvent resistant only.]

TYPE	EQUIPMENT AVAILABLE	LOCATION	CAPABILITY (If applicable)
Safety and First Aid	1. <input checked="" type="checkbox"/> CHEMICAL PROTECTIVE SUITS, APRONS, OR VESTS	Shop Cabinet	
	2. <input type="checkbox"/> CHEMICAL PROTECTIVE GLOVES		
	3. <input type="checkbox"/> CHEMICAL PROTECTIVE BOOTS		
	4. <input checked="" type="checkbox"/> SAFETY GLASSES / GOGGLES / SHIELDS	Assigned to each operator	
	5. <input type="checkbox"/> HARD HATS		
	6. <input type="checkbox"/> CARTRIDGE RESPIRATORS		
	7. <input type="checkbox"/> SELF-CONTAINED BREATHING APPARATUS (SCBA)		
	8. <input checked="" type="checkbox"/> FIRST AID KITS / STATIONS	Allied Office, Shop Wall, Production Manager's Office	
	9. <input checked="" type="checkbox"/> PLUMBED EYEWASH FOUNTAIN / SHOWER	Outside of Shop restrooms	
	10. <input type="checkbox"/> PORTABLE EYEWASH KITS		
	11. <input type="checkbox"/> OTHER		
	12. <input type="checkbox"/> OTHER		
Fire Fighting	13. <input checked="" type="checkbox"/> PORTABLE FIRE EXTINGUISHERS	Throughout Building	
	14. <input checked="" type="checkbox"/> FIXED FIRE SYSTEMS / SPRINKLERS / FIRE HOSES	Throughout Building	
	15. <input type="checkbox"/> FIRE ALARM BOXES OR STATIONS		
	16. <input type="checkbox"/> OTHER		
Spill Control and Clean-Up	17. <input checked="" type="checkbox"/> ALL-IN-ONE SPILL KIT	Rack Area - Location 7	
	18. <input checked="" type="checkbox"/> ABSORBENT MATERIAL	Rack Area - Location 7	
	19. <input type="checkbox"/> CONTAINER FOR USED ABSORBENT		
	20. <input type="checkbox"/> BERMING / DIKING EQUIPMENT		
	21. <input checked="" type="checkbox"/> BROOM	Shop	
	22. <input checked="" type="checkbox"/> SHOVEL	Shop	
	23. <input checked="" type="checkbox"/> SHOP VAC	Shop	
	24. <input type="checkbox"/> EXHAUST HOOD		
	25. <input type="checkbox"/> EMERGENCY SUMP / HOLDING TANK		
	26. <input type="checkbox"/> CHEMICAL NEUTRALIZERS		
	27. <input type="checkbox"/> GAS CYLINDER LEAK REPAIR KIT		
	28. <input checked="" type="checkbox"/> SPILL OVERPACK DRUMS	Storage Area in Yard	
	29. <input type="checkbox"/> OTHER		
Communications and Alarm Systems	30. <input checked="" type="checkbox"/> TELEPHONES (Includes cellular)	Throughout Building	
	31. <input checked="" type="checkbox"/> INTERCOM / PA SYSTEM	Throughout Building	
	32. <input type="checkbox"/> PORTABLE RADIOS		
	33. <input type="checkbox"/> AUTOMATIC ALARM CHEMICAL MONITORING EQUIPMENT		
Other	34. <input type="checkbox"/> OTHER		
	35. <input type="checkbox"/> OTHER		

H. EARTHQUAKE VULNERABILITY

Identify areas of the facility that are vulnerable to hazardous materials releases / spills due to earthquake-related motion. These areas require immediate isolation and inspection.

VULNERABLE AREAS: (Check all that apply)	H1.	LOCATIONS (e.g., shop, outdoor shed, forensic lab)
<input checked="" type="checkbox"/> 1. HAZARDOUS MATERIALS / WASTE STORAGE AREA		Contained Outdoor Storage Location
<input type="checkbox"/> 2. PROCESS LINES / PIPING		
<input type="checkbox"/> 3. LABORATORY		
<input checked="" type="checkbox"/> 4. WASTE TREATMENT AREA		Outdoors in Contained Bermed Area

Identify mechanical systems vulnerable to releases / spills due to earthquake-related motion. These systems require immediate isolation and inspection.

VULNERABLE SYSTEMS: (Check all that apply)	H6.	LOCATIONS
<input type="checkbox"/> 1. SHELVES, CABINETS AND RACKS		
<input type="checkbox"/> 2. TANKS (EMERGENCY SHUTOFF)		
<input checked="" type="checkbox"/> 3. PORTABLE GAS CYLINDERS		Outside die Shop & Shipping Area
<input type="checkbox"/> 4. EMERGENCY SHUTOFF AND/OR UTILITY VALVES		
<input type="checkbox"/> 5. SPRINKLER SYSTEMS		
<input checked="" type="checkbox"/> 6. STATIONARY PRESSURIZED CONTAINERS (e.g., Propane dispensing tank)		Propane Tank near West Gate

I. EMPLOYEE TRAINING

Explanation of Requirement: Employee training is required for all employees handling hazardous materials and hazardous wastes in day-to-day or clean-up operations including volunteers and/or contractors. Training must be:

- Provided within 6 months for new hires;
- Amended as necessary prior to change in process or work assignment;
- Given upon modification to the Emergency Response / Contingency Plan, and updated/refreshed annually for all employees.

Required content includes all of the following:

- Material Safety Data Sheets;
- Hazard communication related to health and safety;
- Methods for safe handling of hazardous substances;
- Fire hazards of materials / processes;
- Conditions likely to worsen emergencies;
- Coordination of emergency response;
- Notification procedures;
- Applicable laws and regulations;
- Communication and alarm systems;
- Personal protective equipment;
- Use of emergency response equipment (e.g. Fire extinguishers, respirators, etc.);
- Decontamination procedures;
- Evacuation procedures;
- Control and containment procedures;
- UST monitoring system equipment and procedures (if applicable).

INDICATE HOW EMPLOYEE TRAINING PROGRAM IS ADMINISTERED (Check all that apply)

<input type="checkbox"/> 1. FORMAL CLASSROOM;	<input checked="" type="checkbox"/> 2. VIDEOS;	<input checked="" type="checkbox"/> 3. SAFETY / TAILGATE MEETINGS;	I1.
<input type="checkbox"/> 4. STUDY GUIDES / MANUALS (Specify):			12
<input type="checkbox"/> 5. OTHER (Specify):			13.
<input type="checkbox"/> 6. NOT APPLICABLE BECAUSE FACILITY HAS NO EMPLOYEES			

Large Quantity Generator (LQG) Training Records: Large quantity hazardous waste generators (i.e., who generate more than 270 gallons/1,000 kilograms of hazardous waste per month) must retain written documentation of employee hazardous waste management training sessions which includes:

- A written outline/agenda of the type and amount of both introductory and continuing training that will be given to persons filling each job position having responsibility for the management of hazardous waste (e.g., labeling, manifesting, compliance with accumulation time limits, etc.).
- The name, job title, and date of training for each hazardous waste management training session given to an employee filling such a job position; and
- A written job description for each of the above job positions that describes job duties and the skills, education, or other qualifications required of personnel assigned to the position.
- Current employee training records must be retained until closure of the facility.
- Former employee training records must be retained at least three years after termination of employment.

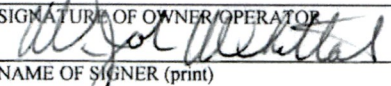
J. LIST OF ATTACHMENTS

(Check one of the following)

<input type="checkbox"/> 1. NO ATTACHMENTS ARE REQUIRED; or	J1.
<input checked="" type="checkbox"/> 2. THE FOLLOWING DOCUMENTS ARE ATTACHED:	J2.
Emergency Action Plan	

K. SIGNATURE / CERTIFICATION

Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete, and that a copy is available on site.

SIGNATURE OF OWNER/OPERATOR	DATE SIGNED	K1.
	11/19/2014	
NAME OF SIGNER (print)	TITLE OF SIGNER	K3.
John Whittaker	President	